DATENT ADDI ICATION FOR DEPENDING TO SECOND								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								-	BOET	-1-11 10	90 17a	הדדט	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
١	TOTAL CLAIM	S	27			-		RATE	FEE		RATE	FEE	
FOR			121	NUMBER FILED .		NUMBER EXTRA		BASIC F		_	BASIC FE		
TOTAL CHARGEABLE CLAIMS			37 n	37 minus 20=		•17		X\$ 9=	.	OF		306	
INDEPENDENT CLAIMS			4'	4 minus 3 =		• 1		X43=		OF	Yes	86	
М	IULTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT				+145=	+-	7	-	00	
* If the difference in column 1 is less than zero, enter "0" in column						column 2	' I	TOTAL		JOH OR	L	11/ 0	
CLAIMS AS AMENDED - PART II									·	JOR	OTHER	1162 THAN	
7	2-15-05(column 1) (Column 2)					(Column 3)		SMALI	. ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	<u> </u>	Minus	1-3	1_	2		X\$ 9=		OR	X\$18=		
	Independent	ENTATION OF M	Minus	L	†		ſ	X43=		OR	X86=	٠	
<u> </u>	FINST PRESI	ENTATION OF M	OLTIPLE DE	PENUENI	CLAIM			+145=		OR	+290=	-	
	- 1 - 1						L	TOTAL		-	TOTAL ADDIT, FEE		
ADDIT. FEE											ADDII. PEEI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	155	euniM	-3	<u> </u>	=	L	X\$ 9=		OR	X\$18=		
¥	Independent FIRST PRESE	NTATION OF MI	Minus II TIPI E DEI	PENDENT C	MIA IS			X43=		OR	X86≖		
			, cc oc.	CHOCHIC	203101			+145=		OR	+290=		
						•	AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT, FEE		
-,		(Column 1)		(Column		(Column 3)							
AMENDMENI C		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	Independent	-	Minus	***				X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM :			145					
* If the ntry in column 1 is less than the entry in column 2, write "of in column 3. * If the ntry in column 1 is less than the entry in column 2, write "of in column 3. * If the Tighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." **ADDIT SEE													
	the Highest Nun	nber Previously Pal	ld For IN THIS	S SPACE is in	ess fiban	3 enter 3		OIT. FEE			DOIT. FEE L		
	·~ · · · · · · · · · · · · · · · · · ·	per Previously Paid	TOT (1000) 07	incependent	is the l	uffuezi unurpet t	DUNG	to goe exbb	ropriate bo	i in colui	mn 1.		